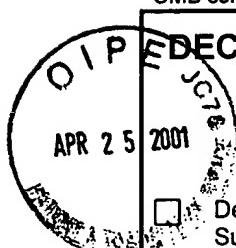


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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)
OR

Attorney Docket Number	21391-701
First Named Inventor	Ben-Zur
<i>COMPLETE IF KNOWN</i>	
Application Number	09/663,512
Filing Date	September 15, 2000
Group Art Unit	2664
Examiner Name	Not Yet Assigned

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As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR ROUTING NETWORK SWITCHING INFORMATION

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

9/15/00

as United States Application Number or PCT International

Application Number 09/663,512 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
		<input type="checkbox"/>

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name	Rick Gregory					
Address	Wilson Sonsini Goodrich & Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	ZIP	94304	RECEIVED
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname			
Raanan				BEN-ZUR			
Inventor's Signature						Date	
Residence: City	Campbell	State	CA	Country	US	Citizenship	US
Post Office Address	1383 Van Dusen Lane						
Post Office Address							
City	Campbell	State	CA	ZIP	95008	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

(Page 2 of 2)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>	
--------------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Steven L.			SHEPHERD				
Inventor's Signature						Date	MAY 02 2001
Residence: City	Monte Sereno	State	CA	Country	US	Citizenship	US OFFICE OF PETITIONS
Post Office Address	18756 Twin Creeks Road						
Post Office Address							
City	Monte Sereno	State	CA	ZIP	95030	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Boris			REYNOV				
Inventor's Signature						Date	
City	Cupertino	State	CA	Country	US	Citizenship	US
Post Office Address	10205 Danube Drive						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Bayne G.			STEELE				
Inventor's Signature						Date	4/12/2001
City	Pleasanton	State	CA	Country	US	Citizenship	US
Post Office Address	3470 Andrews Drive, #15						
Post Office Address							
City	Pleasanton	State	CA	ZIP	94588	Country	US

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Nicholas A.			BALATONI				
Inventor's Signature						Date	
Residence: City	Santa Clara	State	CA	Country	US	Citizenship	CA
Post Office Address	2646 Estella Drive						
Post Office Address							
City	Santa Clara	State	CA	ZIP	95051	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	OFFICE OF PETITIONS
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
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